

UTILITY PATENT APPLICATION TRANSMITTAL

Docket No.: PARM-01137First Inventor: Parmater, KimTitle: Multifunction Exercise DeviceExpress Mail No.: ET529196259US

Application Elements

Address to: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 202311. ☒ Fee Transmittal Form (original and copy)2. ☒ Applicant claims small entity status (37 CFR 1.27)3. ☒ Specification Total Pages: 14
- Descriptive title of the invention
- Cross Reference to Related Applications
- Reference to sequence listing, a table, or computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure4. ☒ Drawing(s) Total Sheets: 55. Oath or Declaration Total Pages: 1a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application
(37 CFR 1.63 (d))i. ☐ Deletion of Inventor(s)
Signed statement attached deleting
Inventors named in prior application.6. ☐ Application Data Sheet7. ☐ CR-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

ACCOMPANYING APPLICATION PARTS

8. ☐ Power of Attorney9. ☐ Assignment Papers (cover sheet and document(s))10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee)11. ☒ Information Disclosure Statement (IDS) 9 Copies of Citations13. ☐ Preliminary Amendment14. ☐ Certified Copy of Priority Documents(s) (if foreign priority is claimed)15. ☐ Other: _____

If a Continuing Application:

☐ Continuation ☐ Divisional ☐ Continuation-in-partOf prior application No.: / Examiner: GAU03/14/02
J1042 U.S. PTOJc971 U.S. PTO
10/098605
03/14/02

CORRESPONDENCE ADDRESS

Name: Kim ParmaterAddress: 19091 Ashcroft CircleCity: Minnetonka State: MN Zip: 55345Country: USA Telephone: (952) 476-5493 Fax: _____Name: Kim ParmaterSignature: *Kim Parmater* Date: 3/14/02

EXPRESS MAIL CERTIFICATE

"EXPRESS MAIL" Mailing Label Number: ET529196259USDeposit Date: 3/14/02

I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "**Express Mail Post Office to Addressee**" on the date indicated above and is addresses to the Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Kim Parmater Name of Depositor*Kim Parmater* Signature

FEE TRANSMITTAL FORM

(Year 2002)

Payment Total \$ 370.00

If known:

Application No.: _____ Filing Date: _____

First Inventor: PARMATER, Kim Examiner Name: _____

GAU: unk Docket No.: PARM-01137

Small Entity Status: ☒ Applicant claims small entity status (37 CFR 1.27)

Method of Payment:

1. ☐ Deposit Account

Account Number _____

Account Name: _____

☐ Charge any additional Fee Required
Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed

☒ Check ☐ Credit Card ☐ Money Order

Fee Calculation:

1. Basic Filing Fee:

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Description	Fee Paid
101	740	201	370	Utility filing fee	\$370
106	330	206	165	Design filing fee	
107	510	207	255	Plant Filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional fee	
Subtotal (1)					\$ 370

2. Extra Claim Fees:

	Extra	Fee	Fee Paid
Total Claims <u>20</u> -20 = <u>0</u>	X		
Ind. Claims: <u>2</u> -3 = <u>0</u>	X		
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim
109	84	209	42	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$ 0

3. Additional Fees:

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Description	Fee Paid
105	130	205	65	Surcharge- late fee	
127	50	227	25	Surcharge-late fee Provisional	
115	110	215	55	Extension 1 st month	
116	400	216	200	Extension 2 nd month	
117	920	217	460	Extension 3 rd month	
118	1440	218	720	Extension 4 th month	
128	1960	228	980	Extension 5 th month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing Brief in support of an appeal	
121	280	221	140	Request oral hearing	
140	110	240	55	Petition to retrieve unavoidable	
141	1280	241	640	Petition to retrieve unintentional	
142	1280	242	640	Utility issue fee	
143	460	243	230	Design Issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petition fee	
581	40	581	40	Assignment fee	
146	740	246	370	Filing submission AF (37 CFR 1.129(a))	
149	740	249	370	Additional invention (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of design app	

Other Fee: _____

Subtotal (3) \$ 0

Name: Kim Parmater

Telephone: (952) 476-5493

Signature: Kim Parmater

Date: 3/14/02

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: PARMATER, Kim
Filed: Herewith
Title: Multifunction Exercise Device

Assistant Commissioner for Patents
Washington, DC 20231

DECLARATION OF MAILING BY "EXPRESS MAIL"

Kim Parmater declares as follows:

1. I reside at:
19091 Ashcroft Circle, Minnetonka, MN 55345
2. On 3/14/02 2002, I deposited in the mail, "Express Mail Post Office to Addressee" service of the United States Postal Service, the contents of the envelope for which "Express Mail" receipt No. ET529196259US was issued and addressed to the Assistant Commissioner for Patents, Washington DC 20231.
3. Attached hereto is a true copy of the "Express Mail" receipt No. ET529196259US.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine, imprisonment or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the above-identified application or any patents issued thereon.

Date: 3/14/02 Signed: Kim Parmater